

<i>SERFF Tracking Number:</i>	<i>WESA-125702334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Accredited Surety and Casualty Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>ASCC-08-001</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Submission of change of Change in Address Endorsement/ASCC-08-001</i>		

## Filing at a Glance

Company: Accredited Surety and Casualty Company

Product Name: Interline	SERFF Tr Num: WESA-125702334	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: ASCC-08-001	State Status: Fees not received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Westmont Associates	Disposition Date: 06/20/2008
	Date Submitted: 06/19/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 06/20/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/20/2008

State Filing Description:

## General Information

Project Name: Submission of change of Change in Address Endorsement	Status of Filing in Domicile: Pending
Project Number: ASCC-08-001	Domicile Status Comments: Pending in FL.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/20/2008	
State Status Changed: 06/20/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Submisison of Change in Address Endorsement.	

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

SERFF Tracking Number: WESA-125702334 State: Arkansas  
Filing Company: Accredited Surety and Casualty Company State Tracking Number: #? \$50  
Company Tracking Number: ASCC-08-001  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Interline  
Project Name/Number: Submission of change of Change in Address Endorsement/ASCC-08-001

Wesley Pohler, AVP wes@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

**Filing Company Information**

Accredited Surety and Casualty Company CoCode: 26379 State of Domicile: Florida  
25 Chestnut Street Group Code: -99 Company Type: Property and  
Casualty

Suite 105  
Haddonfield, NJ 08094 Group Name: State ID Number:  
(856) 216-0220 ext. [Phone] FEIN Number: 59-1362150  
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SERFF Tracking Number: WESA-125702334 State: Arkansas  
Filing Company: Accredited Surety and Casualty Company State Tracking Number: #? \$50  
Company Tracking Number: ASCC-08-001  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Interline  
Project Name/Number: Submission of change of Change in Address Endorsement/ASCC-08-001

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: AR filing fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Accredited Surety and Casualty Company	\$0.00	06/19/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
29633	\$50.00	06/18/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125702334</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	06/20/2008	06/20/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125702334</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Accredited Surety and Casualty Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>ASCC-08-001</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Submission of change of Change in Address Endorsement/ASCC-08-001</i>		

## Disposition

Disposition Date: 06/20/2008

Effective Date (New): 06/20/2008

Effective Date (Renewal): 06/20/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number:	WESA-125702334	State:	Arkansas
Filing Company:	Accredited Surety and Casualty Company	State Tracking Number:	#? \$50
Company Tracking Number:	ASCC-08-001		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Interline		
Project Name/Number:	Submission of change of Change in Address Endorsement/ASCC-08-001		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Notice to Policyholder Change in Home Office and Mailing Addresses	Approved	Yes

SERFF Tracking Number: WESA-125702334 State: Arkansas

Filing Company: Accredited Surety and Casualty Company State Tracking Number: #? \$50

Company Tracking Number: ASCC-08-001

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline

Project Name/Number: Submission of change of Change in Address Endorsement/ASCC-08-001

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice to Policyholder Change in Home Office and Mailing Addresses	ASC-2008-Endorsement	(06/08)	Disclosure/ New Notice		0.00	ASC.AddresssChangetoPolicyholders.4.28.2008.pdf

**ACCREDITED SURETY and CASUALTY COMPANY, Inc.**  
(A Stock Company)

4798 New Broad Street  
Suite 200  
Orlando, FL 32814

**NOTICE TO POLICYHOLDER  
CHANGE IN HOME OFFICE AND MAILING ADDRESSES**

This endorsement changes the policy to which it is attached.

Effective April 28, 2008, your policy is changed as follows:

The home office address for Accredited Surety and Casualty Company, Inc. is amended to read:

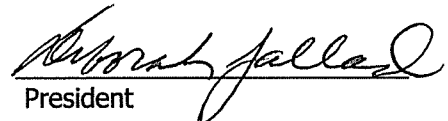
4798 New Broad Street  
Suite 200  
Orlando, FL 32814

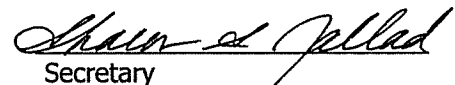
The mailing address for Accredited Surety and Casualty Company, Inc. is amended to read:

PO Box 140855  
Orlando, FL 32814-0855

All other terms and conditions remain unchanged.

Accredited Surety and Casualty Company, Inc. by:

  
President

  
Secretary



<i>SERFF Tracking Number:</i>	<i>WESA-125702334</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125702334 State: Arkansas  
Filing Company: Accredited Surety and Casualty Company State Tracking Number: #? \$50  
Company Tracking Number: ASCC-08-001  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/20/2008

**Comments:**

**Attachment:**

AR NAIC.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 06/20/2008

**Comments:**

Attached is a letter authorizing Westmont Associates to submit this filing on the Company's behalf.

**Attachment:**

Letter of Authorization - After 4-25-08.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 06/20/2008

**Comments:**

Attached is the cover letter for this submission.

**Attachment:**

Cover Letter.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



www.accredited-inc.com

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April 17, 2008

Department of Insurance

RE: Accredited Surety and Casualty Company, Inc.  
NAIC #: 26379  
FEIN #: 59-1362150  
Letter of Authorization  
Filing of Forms, Rates and Rules

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. are hereby authorized to file form, rate and rule filings on behalf of Accredited Surety and Casualty Company, Inc.

Sincerely,

Deborah Jallad  
President



# WESTMONT ASSOCIATES, INC.

June 18, 2008

Department of Insurance  
Property and Casualty Division  
Forms Review Section

**RE: Accredited Surety & Casualty Company, Inc./NAIC #: 26379**  
**Change of Address Within State of Domicile and Administrative Address Change**  
**Endorsement Submission**  
**Company Filing Number: ASCC-08-001**  
**Effective Date: Upon Earliest Approval**

To Whom It May Concern:

Effective April 14, 2008, Accredited Surety & Casualty Company, Inc. changed its address within its state of domicile as well as its administrative address. Accredited Surety & Casualty Company, Inc. is seeking approval of the enclosed address change endorsement.

Enclosed is a copy of the captioned form as well as a letter authorizing Westmont Associates, Inc. to submit this filing on behalf of the Company. This form will be issued to existing insureds (if any) in your state to notify them of the changes. The endorsement will also be used to effect the changes for new policies and/or bonds issued until the applicable forms are reprinted.

Unless we hear from you on the contrary, we will assume that no further filing of forms or rates is required as a result of this address change and that by approval of this enclosed endorsement form, you do not require any further filings.

We trust that you will find this submission acceptable and as such, look forward to your Department's early review and approval. If you have any questions, do not hesitate to call me at (856) 216-0220. Thank you for your attention to this submission.

Very truly yours,

***Wesley Pohler***

Wesley Pohler  
Assistant Vice-President  
[wes@westmontlaw.com](mailto:wes@westmontlaw.com)

Enclosure

Cc: N. Stepanski  
D. Jallad